



STATE OF NEW YORK  
DEPARTMENT OF HEALTH  
P.O. Box 11729  
Albany, NY 12211

## Notice of Decision

Decision Date: April 05, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000014823



Dear [REDACTED],

On March 28, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's January 12, 2017 eligibility determination and January 12, 2017 plan enrollment notices.

The enclosed Decision, rendered after that hearing, is issued by the Appeals Unit of NY State of Health.

If you have questions about your Decision, you can contact us by:

- Calling the Customer Service Center at 1-855-355-5777
- Sending Mail to:  
NY State of Health Appeals  
P.O. Box 11729  
Albany, NY 12211
- Sending a Fax to 1-855-900-5557

When contacting NY State of Health about your appeal and/or the Decision, please refer to the Appeal Identification number and the Account ID at the top of this notice.

### Legal Authority

We are sending you this notice in accordance with 45 Code of Federal Regulations (CFR) § 155.545.

If you need this information in a language other than English or you need assistance reading this notice, we can help you. Call 1-855-355-5777 (TTY - English: 1-800-662-1220) (TTY - Spanish: 1-877-662-4886).

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## Decision

Decision Date: April 05, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000014823



## Issues

The issues presented for review by the Appeals Unit of NY State of Health are:

Did NY State of Health provide a timely determination of your Medicaid eligibility, effective February 1, 2017?

Did NY State of Health properly determine that your Medicaid Managed Care plan began on February 1, 2017?

## Procedural History

On December 15, 2016, your NY State of Health (NYSOH) account was updated to indicate that you were pregnant and expecting twins. An application for financial assistance was submitted on your behalf

On December 16, 2016, NYSOH issued an eligibility determination notice stating that you were conditionally eligible for Medicaid effective December 1, 2016. The notice asked you to provide additional information in order to confirm your eligibility. You were asked to submit income documentation for your household and proof of benefit information from third-party health insurance by December 30, 2016.

On December 17, 2016, you uploaded a letter dated November 29, 2016 from [REDACTED] explaining your COBRA benefits, and a copy of your health insurance card to your NYSOH account. You also uploaded the 2015 Tax Return for [REDACTED] onto your NYSOH account.

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Also on December 17, 2016, NYSOH issued an eligibility determination notice stating that you remained conditionally eligible for Medicaid, effective January 1, 2017. The notice asked you to provide additional information in order to confirm your eligibility. You were asked to submit income documentation for your household and proof of benefit information from third-party health insurance by December 31, 2016.

On December 21, 2016, NYOSH issued an eligibility determination notice stating that you remained conditionally eligible for Medicaid effective January 1, 2017. The notice asked that you provide additional information in order to confirm your eligibility. You were asked to submit proof of benefit information from third-party health insurance by December 31, 2016 and income documentation by January 4, 2017.

On December 22, 2016, you uploaded an email from [REDACTED] verifying that your COBRA coverage would end as of December 31, 2016 and a letter dated October 23, 2016 from the Department of Labor confirming that your husband had exhausted his unemployment insurance benefits to your NYSOH account.

On December 23, 2016, NYSOH issued an eligibility determination notice stating that you remained conditionally eligible for Medicaid effective January 1, 2017. The notice asked you to provide additional information in order to confirm your eligibility. You were asked to provide income documentation by January 6, 2017.

On December 30, 2016, you uploaded a copy of your 2015 Joint Tax Return to you NYSOH account.

On January 10, 2017, the documentation you provided was reviewed by NYSOH and an updated application for health insurance was submitted on your behalf. On January 11, 2017, a revised application was submitted.

On January 12, 2017, NYSOH issued an eligibility determination notice finding you fully eligible for Medicaid, effective February 1, 2017.

Also on January 12, 2017, an enrollment confirmation notice was issued confirming your selection of a Medicaid Managed Care plan on January 11, 2017, effective February 1, 2017.

On January 12, 2017, you contacted the NYSOH Account Review Unit and requested an appeal of the start date of your Medicaid Managed Care plan, requesting that it begin January 1, 2017.

On March 28, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. During the hearing, you stated that your spouse, [REDACTED]

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██████, was authorized to give testimony on your behalf. The record was developed during the hearing and closed at the end of the hearing.

## Findings of Fact

A review of the record supports the following findings of fact:

- 1) Your spouse testified that you are appealing your enrollment start date of your Medicaid Managed Care plan.
- 2) According to your NYSOH account, NYSOH received your updated application for financial assistance on December 15, 2016 and you were found conditionally eligible for Medicaid effective December 1, 2016.
- 3) On December 17, 2016, you uploaded documentation of your COBRA coverage and a 2015 Tax Return for ██████████ onto your NYSOH account.
- 4) On December 22, 2016, you uploaded an email from ██████████ verifying that your COBRA coverage would end as of December 31, 2016 and a letter dated October 23, 2016 from the Department of Labor confirming that your husband had exhausted his unemployment insurance benefits.
- 5) The record indicates that the third-party Health Insurance was removed from the system on December 22, 2016.
- 6) On December 30, 2016, you uploaded a copy of your 2015 Joint Tax Return onto your NYSOH account.
- 7) The record reflects, on January 11, 2017, you were found fully eligible for Medicaid, effective February 1, 2017.
- 8) The notices issued on December 16, 17, 21, and 23, 2016 all stated that you needed to pick a health plan.
- 9) Your spouse testified that you were unable to select a Medicaid Managed Care plan until January 11, 2017.
- 10) Your spouse testified that you want your Medicaid Managed Care plan to begin on December 1, 2016 because you have medical bills from that month and the doctor that rendered those services does not accept fee-for-service Medicaid.

Conflicting evidence, if any, was considered and found to be less credible than the evidence noted above.

## **Applicable Law and Regulations**

### Medicaid for Pregnant Women

In New York State, presumptive eligibility for Medicaid is a means of immediately providing Medicaid coverage for prenatal care services pending a full Medicaid eligibility determination. A pregnant woman does not need to provide documentation of income for the presumptive eligibility determination. Pregnant women are also not required to document citizenship/immigration status for presumptive eligibility or for ongoing Medicaid eligibility. Citizenship/immigration status is not an eligibility requirement for a pregnant woman throughout her pregnancy and for 2 months after the month in which the pregnancy ends (N.Y. Soc. Serv. Law § 366 (4)(b)). Medicaid pays providers during the presumptive eligibility period for care provided to pregnant women; however, as a matter of Medicaid Program policy, labor and delivery services are excluded from payment.

Medicaid Managed Care plan enrollments received on or before the fifteenth day of the month are effective the first day of the following month. Enrollments received after the fifteenth day of the month are effective the first day of the second following month (Medicaid Managed Care Model Contract (Appendix H-6(b)(ii) & (iii), effective 3/1/2014 – 2/28/2019; see 42 USC § 1315; § 364-j(1)(c); 18 NYCRR § 360-10.3(h), Medicaid Eligibility Changes under the Affordable Care Act (ACA) of 2010, 13ADM-03(III)(F)).

### Third Party Health Insurance

A person who has primary medical or health care coverage available from or under a third-party insurance provider is not permitted to enroll into a Medicaid Managed Care plan (NY Social Services Law (NY SSL) § 364-j(3)(e)(xx); Medicaid Managed Care Model Contract (Appendix H-6), effective 3/1/2014 – 2/28/2019). However, they will remain eligible for fee-for-service Medicaid with limited exceptions, including entering prison or another facility that provides medical care, lack of state residence, or failing to provide a valid social security number (NY SSL § 366(4)(c)).

### Verification Process

For all individuals, whose income is needed to calculate the household's eligibility, NYSOH must request data from state and federal data sources that will allow NYSOH to verify the household's income (45 CFR §155.320(c)(1)(i), 42 CFR § 435.945).

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If NYSOH cannot verify the income information required to determine eligibility they must attempt to resolve the inconsistency including giving the applicant the opportunity to submit satisfactory documentary evidence (45 CFR §155.315(f) 42 CFR § 435.952).

### Timely Notice of Medicaid Eligibility

When an individual applies for insurance through NYSOH, NYSOH must determine that person's eligibility promptly and without undue delay (45 CFR § 155.310(e)(1); 42 CFR § 435.1200(b)(3)(iii)).

To assess whether an eligibility determination was untimely, NYSOH must base the time period from the date of application to the date NYSOH notifies the applicant of its decision (45 CFR § 155.310(e)(2)). However, if the applicant submits an incomplete application or there is not sufficient information for NYSOH to make an eligibility determination, then NYSOH must notify that applicant that more information is needed to complete the application (45 CFR § 155.310(k)(1)).

NYSOH must provide pregnant Medicaid applicants notice of their eligibility determination within 30 days from the date of the completed application (18 NYCRR § 360.2.4(3)(i)).

## **Legal Analysis**

The first issue is whether NYSOH provided you with timely determination of your Medicaid eligibility.

For all individuals who apply for health insurance through NYSOH, NYSOH must determine their eligibility promptly and without undue delay. In order for NYSOH to make their final decision, an individual's application must be complete.

For all individuals, whose income is needed to calculate the household's eligibility, NYSOH must request data from state and federal data sources that will allow NYSOH to verify the household's income. NYSOH must also request data from state and federal sources that will verify the existence of third-party health insurance benefit coverage. If NYSOH cannot verify the income information or third-party health insurance information required to determine eligibility they must attempt to resolve the inconsistency including giving the applicant the opportunity to submit satisfactory documentary evidence.

You updated your NYSOH account on December 15, 2016 to indicate that you were pregnant and expecting two children. As a result, you became presumptively (conditionally) eligible for Medicaid. In New York State,

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presumptive eligibility for Medicaid is a means of immediately providing Medicaid coverage for prenatal care services pending a full Medicaid eligibility determination.

You were not found fully eligible for Medicaid at the time of the December 15, 2016 application because the income amount that was entered into this application did not match federal and state data sources. NYSOH was also unable to verify when your third-party insurance benefit ended. As a result, NYSOH issued an eligibility determination finding you only conditionally eligible for Medicaid effective December 1, 2016. NYSOH asked that you submit additional documentation to confirm your income and benefit information from your third-party insurance company in order to complete your application and be found fully eligible for Medicaid.

On December 17, 2016, you uploaded a letter dated November 29, 2016 from [REDACTED] explaining your COBRA benefits, and a copy of your health insurance card. You also uploaded the 2015 Tax Return for [REDACTED]. On December 22, 2016, you uploaded an email from [REDACTED] verifying that your COBRA coverage ended as of December 31, 2016 and a letter dated October 23, 2016 from the Department of Labor confirming that your husband had exhausted his unemployment insurance benefits.

The reference to the third-party health insurance was subsequently removed from NYSOH's system on December 22, 2016. On December 23, 2016, NYOSH issued an eligibility determination stating that you remained conditionally eligible for Medicaid, effective January 1, 2016. This notice further stated that you needed to upload income documentation by January 6, 2017.

On December 30, 2016, you uploaded a copy of your 2015 Joint Tax Return as proof of income. Therefore, your application was considered complete as of December 30, 2016 for purposes of issuing a final eligibility determination.

NYSOH must provide pregnant Medicaid applicants notice of their eligibility determination within 30 days from the date of the completed application. To assess whether an eligibility determination was untimely, NYSOH must look at the time from the date of the completed application to the date NYSOH notifies the applicant of its decision.

NYSOH issued an eligibility determination notice on January 12, 2017 that stated you were fully eligible for Medicaid effective February 1, 2017. Since NYSOH issued an eligibility determination 13 days from the date your application was considered complete, the January 12, 2017 eligibility determination was timely and is **AFFIRMED**.



The second issue is whether NYSOH properly determined that your enrollment in your Medicaid Managed Care plan was effective February 1, 2017.

The record reflects that you contacted NYSOH on January 11, 2017 and enrolled into a Medicaid Managed Care plan.

The date on which a Medicaid Managed Care plan can take effect depends on the day a person selects the plan for enrollment.

A plan that is selected from the first day to and including the fifteenth day of a month will go into effect on the first day of the following month. A plan that is selected on or after the sixteenth day of the month will go into effect on the first day of the second following month.

Your spouse testified that you attempted to enroll in a Medicaid Managed Care plan after receiving the December 16, 2016 eligibility determination notice finding you conditionally eligible for Medicaid and that you were unable to do so. The notices issued on December 16, 17, 21, and 23, 2016 all stated that you needed to pick a health plan. However, individuals who are conditionally eligible for Medicaid are not able to enroll into a Medicaid Managed Care plan. Therefore, NYSOH was proper in not allowing you to enroll into a Medicaid Managed Care plan until you were found fully eligible for Medicaid.

Since the January 12, 2017 eligibility determination notice finding you fully eligible for Medicaid was timely issued, you could have selected a Medicaid Managed Care plan as of January 12, 2017. Your plan would therefore properly take effect on the first day of the following month after January; that is, on February 1, 2017.

Therefore, the January 12, 2017 enrollment confirmation notice stating that your enrollment in your Medicaid Managed Care plan would be effective February 1, 2017, was correct and must be AFFIRMED.

## **Decision**

The January 12, 2017 eligibility determination was timely and is AFFIRMED.

The January 12, 2017 enrollment confirmation notice is AFFIRMED.

**Effective Date of this Decision: April 05, 2017**

## **How this Decision Affects Your Eligibility**

If you need this information in a language other than English or you need assistance reading this notice, we can help you. Call 1-855-355-5777 (TTY - English: 1-800-662-1220) (TTY – Spanish: 1-877-662-4886).

This decision does not affect your eligibility.

You are eligible for fee-for-service Medicaid effective December 1, 2016.

Your enrollment in your Medicaid Managed Care plan is effective February 1, 2017.

## **If You Disagree with this Decision (Appeal Rights)**

This Decision is final unless you submit an appeal request to the Federal Marketplace or bring a lawsuit under New York Civil Practice Law and Rules, Article 78.

You may bring a lawsuit on any Appeals Unit decision in New York State court in accordance with Article 78 of the New York Civil Practice Law and Rules. This must be done within four months of the Decision Date, which appears on the first page of this Decision.

Additionally, Appeals Unit decisions on issues involving eligibility for qualified health plans, advance premium tax credits, and cost-sharing reductions may be appealed to the Federal Marketplace. This must be done within 30 days of the Decision Date, which appears on the first page of this Decision (45 CFR § 155.520(c)).

If you have questions about appealing to the Federal Marketplace, you can contact them in any of the following ways:

- By calling the Customer Service Center at 1-800-318-2596
- By mail at:  
Health Insurance Marketplace  
Attn: Appeals  
465 Industrial Blvd.  
London, KY 40750-0061
- By fax: 1-877-369-0129

If you wish to be represented by an attorney in bringing an outside appeal and do not know how to go about getting one, you may contact legal resources available to you. You may, for example, contact the local County Bar Association, Legal Aid, or Legal Services.

If you need this information in a language other than English or you need assistance reading this notice, we can help you. Call 1-855-355-5777 (TTY - English: 1-800-662-1220) (TTY – Spanish: 1-877-662-4886).

## **If You Have Questions about this Decision (Customer Service Resources):**

You can contact us in any of the following ways:

- By calling the Customer Service Center at 1-855-355-5777
- By mail at:  
NY State of Health Appeals  
P.O. Box 11729  
Albany, NY 12211
- By fax: 1-855-900-5557

## **Summary**

The January 12, 2017 eligibility determination was timely and is AFFIRMED.

The January 12, 2017 enrollment confirmation notice is AFFIRMED.

This decision does not affect your eligibility.

You are eligible for fee-for-service Medicaid effective December 1, 2016.

Your enrollment in your Medicaid Managed Care plan is effective February 1, 2017.

## **Legal Authority**

We are issuing this determination in accordance with 45 CFR § 155.545.

**A Copy of this Decision Has Been Provided To:**



## Getting Help in a Language Other than English

This is an important document. If you need help to understand it, please call 1-855-355-5777. We can give you an interpreter for free in the language you speak.

### Español (Spanish)

Este es un documento importante. Si necesita ayuda para entenderlo, llame al 1-855-355-5777. Le proporcionaremos un intérprete sin ningún costo.

### 中文 (Traditional Chinese)

這是重要的文件。如果您需要獲得關於瞭解文件內容方面的協助，請致電 1-855-355-5777。我們可以為您免費提供您所使用語言的翻譯人員。

### Kreyòl Ayisyen (Haitian Creole)

Sa a se yon dokiman ki enpòtan. Si ou bezwen èd pou konprann li, tanpri rele nimewo 1-855-355-5777. Nou kapab ba ou yon entèprèt gratis nan lang ou pale a.

### 中文 (Simplified Chinese)

这是一份重要的文件。如果您需要帮助理解此文件，请打电话至 1-855-355-5777。我们可以为您提供相应语种的口译服务。

### Italiano (Italian)

Questo è un documento importante. Per qualsiasi chiarimento può chiamare il numero 1-855-355-5777. Possiamo metterle a disposizione un interprete nella sua lingua.

### 한국어 (Korean)

중요한 서류입니다. 이해하는 데 도움이 필요하시면 1-855-355-5777 번으로 연락해 주십시오. 귀하의 언어에 대한 무료 통역 서비스가 제공됩니다.

### Русский (Russian)

Это важный документ. Если Вам нужна помощь для понимания этого документа, позвоните по телефону 1-855-355-5777. Мы можем бесплатно предоставить Вам переводчика Вашего языка.

### العربية (Arabic)

هذه وثيقة مهمة. إذا كنت بحاجة إلى مساعدة لفهم محتواها، يُرجى الاتصال بالرقم 1-855-355-5777. يُمكننا توفير مترجم فوري لك باللغة التي تتحدثها مجاناً.

### বাংলা (Bengali)

এটি এক গুরুত্বপূর্ণ নথি। এটি বুঝতে আপনার যদি সাহায্যের প্রয়োজন হয় তাহলে, অনুগ্রহ করে 1-855-355-5777 নম্বরে কল করুন। আপনি যে ভাষায় কথা বলেন বিনামূল্যে আমরা আপনাকে একজন দোভাষী দিতে পারি।

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## **Français (French)**

Ceci est un document important. Si vous avez besoin d'aide pour en comprendre le contenu, appelez le 1-855-355-5777. Nous pouvons mettre gratuitement à votre disposition un interprète dans votre langue.

## **हिंदी (Hindi)**

यह एक महत्वपूर्ण दस्तावेज़ है। अगर आपको इसे समझने में सहायता चाहिए, तो कृपया 1-855-355-5777 पर कॉल करें। हम आपकी भाषा बोलने वाला एक दुभाषिया निःशुल्क उपलब्ध करवा सकते हैं।

## **日本語 (Japanese)**

これは重要な書類です。理解するために支援が必要な場合は、1-855-355-5777 にお電話ください。通訳を無料で提供いたします。

## **नेपाली (Nepali)**

यो एउटा महत्वपूर्ण कागजात हो। यसलाई बुझ्न तपाईंलाई मद्दत चाहिन्छ भने, कृपया 1-855-355-5777 मा फोन गर्नुहोस्। हामीले तपाईंले बोल्ने भाषामा तपाईंलाई निःशुल्क दोभाषे उपलब्ध गराउन सक्छौं।

## **Polski (Polish)**

To jest ważny dokument. W przypadku konieczności skorzystania z pomocy w celu zrozumienia jego treści należy zadzwonić pod numer 1-855-355-5777. Istnieje możliwość uzyskania bezpłatnej usługi tłumacza języka, którym się posługujesz.

## **Twi (Twi)**

Krataa yi ye tow krataa a ho hia. Se wo hia eho nkyerekyeremu a, ye sre wo, fre 1-855-355-5777. ye&etumi ama wo obi a okyerE kasa a woka no ase ama wo kwa a wontua hwee.

## **(Urdu) اردو**

یہ ایک اہم دستاویز ہے۔ اگر آپ کو اسے سمجھنے کے لیے مدد کی ضرورت ہے تو براہ کرم 1-855-355-5777 پر کال کریں۔ ہم آپ کو آپ کی مادری زبان میں ایک مفت مترجم فراہم کر سکتے ہیں۔

## **Tiếng Việt (Vietnamese)**

Đây là tài liệu quan trọng. Nếu quý vị cần trợ giúp để hiểu tài liệu này, vui lòng gọi 1-855-355-5777. Chúng tôi có thể cung cấp thông dịch viên miễn phí nói ngôn ngữ của quý vị.

## **אידיש (Yiddish)**

דאס איז א וויכטיגער דאקומענט. אויב איר דארפט הילף עס צו פארשטיין, ביטע רופט 1-855-355-5777. מיר קענען אייך געבן א דאלמעטשער פריי פון אפצאל אין די שפראך וואס איר רעדט.

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